

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10/712,670**

FILED DATE

APPLICANT(S)

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP			
1	1		1						
2	1		1						
3		2		2					
4		2		2					
5		2		2					
6		2		1					
7		2		1					
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50									
TOTAL IND.	2		2						
TOTAL DEP.	11		15						
TOTAL CLAIMS	13		17						

	IND	DEP	IND	DEP	IND	DEP
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